

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Friends of Ray LaHood

A. Full Name (Last, First, Middle Initial) The Freedom Project <hr/> Mailing Address 509 7th St NW FI 3	Transaction ID: 80331.E8177 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20004-1600 Purpose of Disbursement EVENT TICKETS Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> State: District:	Amount of Each Disbursement this Period <div>5000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) John McCain 2008 <hr/> Mailing Address PO Box 16118 <hr/> City Arlington State VA Zip Code 22215-1118 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN S MCCAIN <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> State: District: 00	Transaction ID: 80331.E8196 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>2000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Johnna Ingersoll Coroner <hr/> Mailing Address 5204 S Stone School Road <hr/> City Trivoli State IL Zip Code 61569- Purpose of Disbursement CONTRIBUTION Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> State: District:	Transaction ID: 80331.E8199 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

7250.00

TOTAL This Period (last page this line number only)